any, required to be made to suit their local conditions. It is proposed to be finalised in a meeting of Health Ministetrs of the States/UTs very shortly. It is expected that the Action Plan evolved in this manner will be more practical and result oriented, because while the Central Government provides funds for the Programme and lays down broad framework, the actual implementation is the responsibility of the States/UTs.

(c) to (e) The details of the proposed VAFAH apex body have not yet been finished.

Introduction of Low-Dose Pill

1918. SHRI SYED SIBTEY RAZI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether any Low-dose pill of international Standard on family planning has been introduced in the country;

(b) if so, the details thereof with sources of availability of same in the country;

(c) the extent to which the step is likely to check the growth of population; and

(d) if so, the details of the funds proposed to be spent in their regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA-DEVI SIDDHARTHA): (a) Yes, Sir.

(b) Under the National Family Welfare Programme, low dose oral contraceptive pills with brand names Mala-N, Mala-D, Ecroz and Pearl are offered. Whereas, Mala-N is distributed free through Family Welfare Centres and Workers and some Non-Governmental machinery, other brands are sold through chemists/druggist outlets through selected voluntary orgainsations and pharmaceutical marketing companies. While Mala-N and Mala-D are available throughout the country. 'Ecroz' and 'Pearl' are marketed by concerned voluntary organisations only in selected States.

(c) These pills when taken regularly are highly efficatious in preventing pregnancies at such the Pill is an efficient method for birth spacing and population control.

(d) The funds for this programme in the Eighth Plan is dependent upon the allocattion to be made for the National Family Welfare Programme.

Infant Mortality and Birth Rate

1919. SHRI PRAMOD MAHAJAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what was the infant mortality rate during the last three years at national level and at level of states, state-wise; and

(b) what was the birth rate during the same period at national level and the level of States, State-wise

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA-DEVI SIDDHARTHA): (a) A statement indicating infant mortality rates for the last three years at national level and at the level of states, state-wise as per the Samples Registration System (SRS) of Registrar General of India is given at Statement—I. (*See* below). The SRS system provides the estimates only for the major State.

(b) the birth rate for the samet period at national level and the leval of States, state-wise as per SRS of Registrar General of India is at Statement—II. (*See* below)

Statement-I

Estimated Infant Mortality Rate for Major States: 1988, 1989—1990
(Sample Registration System)

State	Infant Mortality Rate		
	1988	1989	1990
Andhra Pradesh	83	81	70
Assam	99	91	77
Bihar	97	91	95

1	2	3	4
Gujarat	90	86	72
Haryana	90	82	69
Himachal Pradesh	80	74	68
Jammu & Kashmir	71	69	70
Karnataka	74	80	71
Kerala	28	22	17
Madhya Pradesh	121	117	111
Maharashtra	68	59	58
Orissa	122	122	123
Punjab	62	67	55
Rajasthan	103	96	83
Tamil Nadu	74	69	67
Uttar Pradesh	124	118	68
West Bengal	69	77	63
India	94	91	80

NOTE: 1990 Provisional Figures.

Statement-II

Sample Registration System

State/U.T.	Birth Rate		
	1988	1989	1990
1. Andhra Pradesh	27·4	25·9	25·6
2. Arunachal Pradesh	4·00	35·6	29·7
3. Assam	32·9	29·4	27·5
4. Bihar	37·3	34·3	32·9
5. Goa	17·7	15·7	15·5
6. Gujarat	29·5	28·7	29·5
7. Haryana	33·8	35·2	31·8
8. Himachal Pradesh	32·2	27·7	27·0
9. Jammu & Kashmir	33·1	30·1	31·4
10. Karnataka	28·7	28·0	27·8
11. Kerala	20·3	20·3	19·0

1	2	3	4	5
12.	Madhya Pradesh	37·0	35·5	36·9
13.	Maharashtra	29·4	28·5	27·5
14.	Meghalaya	36·4	31·3	31·8
15.	Nagaland	22·3	19·7	16·2
16.	Orissa	31·9	30·5	29·9
17.	Punjab	28·5	28·3	27·6
18.	Rajasthan	33.3	34.2	33.1
19.	Sikkim	33.8	31.4	25.4
20.	Tamil Nadu	22.7	23.1	22 4
21.	Tripura	26.6	25.7	25.7
22.	Uttar Pradesh	37.1	37.0	35.7
23.	West Bengal	28.4	27.2	26.3
24.	Andaman & Nicobar Island	22.1	20.5	21.0
25.	Chandigarh	22.4	22 5	17.7
26.	Dadra & Nagar Haveli	38.3	35.6	35.9
27.	Daman & Diu	28.1	26.9	27.3
28.	Delhi	28.5	27.2	22 8
29.	Lakshadweep	25.5	28.8	25.6
30.	Pondichary	22 5	21.	19.9
31.	Manipur	25 8	22.8	21.0
	India	31.5	39.6	29.9

Election of Central Council of Homoeopathy

1920. SHRI N. E. BALARAM: With the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that one member of the Central Council of Homoeopathy is elected from amongst the Homoeopathic Practitioners registered with the Board of Homoeopathic system of Medicines, Delhi;

(b) whether it is also a fact that Homoeopathic Physicians who is registered with the said Board, has to renew the registration annually;

(c) if so, whether the person elected to the Central Council of Homoeopathy from Union Territory of Delhi has his registration with the said Board renewed as on the date of his election:

(d) whether it is also a fact that a large number of Homoeopathic practitioners who voted in the CCH Elections in Delhi had not renewed their registration; and

(e) if so, whether the election of the member to the CCH from Delhi is in conformity with the provisions of Delhi Homoeopathic Act 1956 concerning Registered Homoeopathic Practitioner?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) to (e) The information is being collected and will be placed on the Table of the House.

Private Practice by Homoeopathic Doctors

1921. SHRI N. E. BALARAM: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to refer to the answer to Unstarred Question 221 given in the Rajya Sabha on the 16th July, 1991 and state:

(a) whether it is a fact that Government have received complaints in January, 1991, regarding Government Homoeopathic doctors engaged in private practice; and

(b) if so, what further action is being taken thereon?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) and (b) Information is being collected and will be laid on the Table of the House.